DATENT ARRIVATION FOR DEPENDANCE										Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								RD		10763849				
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS					. 1			RATE FEE		٦	RATE	FEE		
FOR			NUMBER FILED		NUME	UMBER EXTRA		ı	BASIC F	EE 385.0	OR			
TOTAL CHARGEABLE CLAIMS			30 m	•	ر. ٠			XS 9=		OR	XS18=			
	DEPENDENT C		3 m	. 9			İ	X43=		OR	<del> </del>	-		
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					I	-145=	1-	OR			
- 11	the difference	e in column 1 is	less than zero, enter "0" in column 2				2	L	TOTAL		OR		372	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							าก 3)		SMALI	ENTITY.	OR		THAN	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESI	_		RATE	ADDI- TIONAL FEE	]	RATE	ADDI- TIONAL FEE	
	Total	. 42	Minus	- 30	)	= /6		Γ	X\$ 9≥		OR	XS18=	216	
	independent	1.5	Minus	- 3		<u>- 2</u>			X43=		OR	X86≈	186	
ш	PINST PRESE	NTATION OF ME	JUIPLE DE	PENDENT	CLAIM			Γ	+145=		OR	+290=		
						-		L	TOTAL		4	TOTAL ADDIT, FEE	402	
10-6-05 (Column 1) (Column 2) (Column 3)												AUUII. PEEI		
AMENDMENT B	· · · · · · · · · · · · · · · · · · ·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESE EXTR			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.42	Minus	- 4	2	e		Γ	XS 9=		OR	X\$18=	·	
	Incependent	NTATION OF MU	Minus	••• (	CI AIM		_		X43=		ОЯ	X86≈		
	,	NO OF ME	CIT CE OCT	CHOCH			ب	Γ	+145=		OR	+290=		
	•										OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)														
MEN	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER USLY	PRESE			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus			<b>5</b> '		[;	<b>(\$</b> 9=		OR	X\$18=		
	Independent	. <u></u>	Minus	***		•		片,	<b>(43=</b>			X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	MLAJC			F			OR	~00=		
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.														
-11	the "Highest Nur the "Highest Nur	tber Previously Pai tber Previously Pai per Previously Paid	d For IN THIS d For IN THIS	SPACE is I	ess than	20, enter	3.		TOTAL OIT. FEE in the ap	propriate box		TOTAL DOIT. FEE ITM 1.		